



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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**ALTERNATIVE HEARING DATE IN CASE OF
STATE OFFICE CLOSURE OR DELAY DUE TO INCLEMENT WEATHER**

In the event the State's offices are closed or have a delayed opening of more than one hour due to inclement weather on Friday, January 5, 2018, this hearing will be postponed until 1:00 p.m. on Wednesday January 10, 2018, in the First Floor Conference Room, 100 Hancock Street, Quincy, MA. Written comments will continue to be accepted until 5:00 p.m. on January 10, 2018. ***Before traveling to the hearing on Friday, January 5, 2018, please check www.mass.gov for information on whether the State's offices will be closed or have a delayed opening.*** If the State's Offices are open on January 5, 2018, the hearing will take place as planned and comments will be accepted until 5:00 p.m. on January 5, 2018, as indicated below.

NOTICE OF PUBLIC HEARING

Pursuant to the provisions of M.G.L. c. 118E and in accordance with M.G.L. c. 30A, the Executive Office of Health and Human Services (EOHHS) will hold a public hearing on Friday, January 5, 2018, at 10:30 a.m., in the First Floor Conference Room, 100 Hancock Street, Quincy, MA relative to the adoption of proposed amendments to:

101 CMR 316.00: Surgery and Anesthesia

101 CMR 317.00: Medicine

101 CMR 318.00: Radiology

Proposed amendments to 101 CMR 316.00, 317.00, and 318.00 update the rates of payment used by governmental units for surgery and anesthesia care; office visits and other general medicine; and radiology services rendered to publicly aided individuals by eligible providers, including physicians and eligible midlevel practitioners (e.g., certified nurse midwives, certified nurse practitioners, physician assistants). These rate updates are being proposed to satisfy the requirements of M.G.L. 118E, section 13D, and to implement MassHealth's pricing parity initiative pursuant to which rates for managed care organization (MCO), Accountable Care Partnership Plan (ACPP) and fee-for-service physician professional services are in general parity.



The vast majority of the payment rates under these regulations are based on the Medicare Resource Based Relative Value Scale System (RBRVS). Under this methodology, fee schedule rates for procedure codes with Medicare-assigned relative value units (RVUs) are calculated by applying a conversion factor to the Medicare-assigned RVUs to derive the rates for the codes. EOHHS utilizes one of four conversion factors depending on the service (the anesthesia conversion factor has two subparts). To be consistent with MassHealth's pricing parity initiative, EOHHS increased each of the current conversion factors by approximately 5.5% to result in updated conversion factors that were applied during rate development. EOHHS also utilized the same RVUs that were used in deriving the current rates in calculating the updated proposed rates, which were the 2016 Medicare-assigned RVUs and, for applicable 2017 Healthcare Common Procedure Code System (HCPCS)/ Current Procedural Terminology (CPT) coding additions, the 2017 Medicare-assigned RVUs. 2018 RVUs will be used in calculating rates set by RVUs for applicable 2018 HCPCS /CPT coding additions.

Amendments are also being proposed to 101 CMR 316.00 to add modifier "AS" related to physician assistant, certified nurse practitioner, or clinical nurse specialist services assisting in surgery. To streamline all three regulations, code descriptions are being removed from the fee schedules and will be available on the EOHHS rates website. The revisions will also incorporate certain HCPCS/CPT coding updates that will become effective through administrative bulletin prior to the effective date of these proposed amendments. Other minor updates were made to increase clarity, enhance consistency with other regulations and reflect current policy.

EOHHS is proposing these amendments to ensure that payment rates are consistent with efficiency, economy, and quality of care, and to incorporate the other changes referenced above. It is estimated that annual aggregate MassHealth expenditures will increase by approximately \$16.6M as a result of these amendments (an estimated 5.5% increase over FY2016 base spending). There is no fiscal impact on cities and towns. The amendments are not anticipated to impose new costs on small businesses, and any impact on small business providers will vary based on the volume of services provided.

The proposed amended regulations are planned to go into effect no sooner than March 1, 2018.

Individuals who notify EOHHS of their intent to testify at the hearing will be afforded an earlier opportunity to speak. Speakers may notify EOHHS of their intention to testify at the hearing by registering online at www.mass.gov/eohhs/gov/laws-regs/hhs/public-hearings.html. Individuals may also submit written testimony by emailing ehs-regulations@state.ma.us. Please submit electronic testimony as an attached Word document or as text within the body of the e-mail with the name of the regulation in the subject line. All submissions must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by e-mail should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony must be submitted by 5:00 p.m. on Friday, January 5, 2018. EOHHS specifically invites comments as to how the amendments may impact beneficiary access to care.

All persons desiring to review the current draft of the proposed actions may go to www.mass.gov/eohhs/gov/laws-regs/hhs/public-hearings.html or request a copy in writing or in person from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAAccommodations@state.ma.us or by phone at 617-847-3468 (TTY: 617-847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters.

EOHHS may adopt a revised version of the proposed actions taking into account relevant comments and any other practical alternatives that come to its attention.

December 15, 2017

Revised January 3, 2018